

ENTERED

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. 65123

UNIQUE WELL I.D. #

Water Right Permit No. 33/2/29 B

(1) OWNER: Name JACK WILLIAMS Address 660 E. NEIGHBORLY LN OAK HARBOR

(2) LOCATION OF WELL: County ISLAND NW 1/4 NE 1/4 Sec 29 T. 33 N. R. 2 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 660 E NEIGHBORLY LN OAK HARBOR

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (If more than one) _____
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☐ Driven ☐
Reconditioned ☐ Rotary ☒ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 238 feet. Depth of completed well 236 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 Diam. from +1 1/2 ft. to 226 ft.
Welded ☒ Diam. from _____ ft. to _____ ft.
Liner installed ☐ Diam. from _____ ft. to _____ ft.
Threaded ☐ Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Johnson
Type S/S Model No. _____
Diam. 6 Slot size 10 from 226 ft. to 236 ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.

Material used in seal Bentonite

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(7) PUMP: Manufacturer's Name Grundfos
Type: sub H.P. 1

(8) WATER LEVELS: Land-surface elevation _____ ft.
Static level 216 ft. below top of well Date 21 JUNE 96
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☒ No ☐ If yes, by whom? AFW AWS
Yield: 10 gal./min. with 6 ft. drawdown after 4 hrs.

" " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
0	222				
6 min	216				

Date of test _____

Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.

Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
BROWN CLAY + GRAVEL	0	2
TAN CLAY + GRAVEL	2	9
GREY CLAY + GRAVEL	9	36
TAN CLAY + GRAVEL	36	44
GREY CLAY + GRAVEL	44	51
TAN CLAY + GRAVEL	51	55
BROWN SAND	55	57
TAN CLAY + SAND	57	63
TAN CLAY + GRAVEL	63	84
GREY CLAY + GRAVEL	84	87
GREY SAND + GRAVEL	87	90
GRAVEL + TAN BROWN CLAY	90	111
Loose Gravel	111	130
Coarse Sand	130	133
Loose Gravel	133	171
Brown Sand	171	238

Drilled in Compliance with
ICC 8.09 BASED ON INFORMATION
Supplied by Owner
Greg Halverson JUL 02 1996

Department of Ecology

Work Started 17 JUNE 96 19. Completed 21 JUNE 96 19

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME AFFORDABLE WATER SYSTEMS
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 1401 BRADSHAW RD MT VERNON

(Signed) Greg Halverson License No. 1617
(WELL DRILLER)

Contractor's
Registration
No. AFFORDABLE Date 27 JUNE 96 19

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.



Well Tagging Form

Unique Well Tag No: APH296

RECORD VERIFICATION (check ☒ one)



Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you).

If a well report is not available, please complete a "Water Well Report for an Existing Well" form. This form is available at Ecology's headquarters office. **Do not use this form for wells that do not have a Water Well Report.**

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: Neighborhood Water Assoc Last Name: PWSID 059970

Street Address: _____

City: _____ State: _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: 685 Neighborhood LaneCity: Oak Harbor County: Island

T. _____ N. R. _____ W.M. Sec. _____ 1/4 of the _____

Latitude 48 19.44678 "Longitude 122 34.67193 "Elevation at land surface ~ 393 feet/meters (circle one)

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WELL CHARACTERISTICS

Location of Well identification Tag:

6" well casing in well house. Near the corner
of carnation & neighborly follow pathway north to
well house.
SR

Scale 1:24,000 (1" = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point

SECTION _____

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

COMMENTS:

R 23329-498-3790